

EPIC Winter Camp 2017 Payment Information

Cost: \$89/camper

Students:

- a. _____
- b. _____
- c. _____
- d. _____

Total Cost: \$

Option #1: **Pay Camp Fee**

Payment is due by February 16

I have attached cash or check

Please charge my card (below) on this date:

_____ (must be before February 16)

Note: registration requires credit/debit card info unless paid upon submission of this form.

Option #2: **Add Family Hockey Tickets**

Camp registration includes hockey ticket. Purchase additional hockey tickets for \$10/person (children not registered for camp must be accompanied by an adult). Tickets:

- a. _____
- b. _____

Total Cost: \$

Payment Information

I agree to pay the above amount in full by February 16, 2017. I understand and agree that my card will be charged by the above terms. I understand that camp fees are non-refundable.

CC#: _____ Exp. ____/____ CVV: _____ Zip: _____

Phone: _____ Email: _____

Name

Signature

Date

EPIC
WINTER
CAMP